

PSJ1 Exh 18

From: Chunderlik, George
Sent: Fri, 26 Aug 2016 16:21:02 -0400
To: Bertucci, Dominic;Raub, Philip
Cc: Mullen, Jason
Subject: Controlled Substance Research
Attachments: Controlled Substance Research Steps_Jason.docx

Hello Dominic and Phil,

Here is the general outline of the research that Jason does when a pharmacy is flagged in the HBC threshold report.

I think that this document will be helpful in understanding how Jason uses the tools available to him to do his analysis of suspicious orders.

Thanks,
George

PLAINTIFFS TRIAL
EXHIBIT

P-09523_00001

Steps

- 1) Receive Daily HBC Suspicious Purchasing Report
- 2) Compare Report with:
 - a. McKesson Threshold report to see if there is an overlapping flagged pharmacy
 - b. SupplyLogix's Pinpoint Audit to see if there is an overlapping flagged pharmacy
 - c. GE's Controlled Substance Threshold Report to see if there is an overlapping flagged pharmacy
- 3) Look at the HBC report for red flags
 - a. Has the flagged pharmacy surpassed a threshold for a drug with a known abuse culture
 - b. Is the flagged pharmacy showing a trend of continuously passing the threshold for this specific drug
 - c. Has the flagged pharmacy had a recent history of being involved with diverted pharmaceuticals
 - d. Has the flagged pharmacy surpassed the threshold by a significant number
- 4) If one or more red flags are there, further research is taken
 - a. Look at monthly purchasing and dispensing habits in Pinpoint Audit and try to establish if this is a new trend for this pharmacy or if this a regular occurrence. If purchasing is significantly higher:
 - i. Look at their monthly Narc Audit to see if there are any unexplained discrepancies at the pharmacy (in general and specific to the flagged drug)
 - ii. Look at their "on hand change" report in EPS to see if the onhand quantities are being manipulated
 - iii. Contact Jessica Boyd to look at the store's purchasing history to see if the orders are automatic or quick orders
 - iv. **If any of the aforementioned actions raise red flags, the information is given to Senior Pharmacy Operations Staff and Loss Prevention Staff**
 - b. If the dispensing is matching the purchasing:
 - i. Run GE's Controlled Substance Threshold Report for patient zip codes associated to that specific pharmacy and that specific drug
 1. Plot patient zip codes in Google Maps to highlight distance between patient and pharmacy
 2. This data is only used as an indicator, since the patient's profile address sometimes differs than the address on the scripts
 - ii. Run GE's Controlled substance Threshold Report for doctor zip codes associated to that specific pharmacy and that specific drug
 1. Plot patient zip codes in Google Maps to highlight distance between doctor and pharmacy
 2. This data is only used as an indicator, since the doctor's NPI data can differ from the details on their Scripts
 3. If a doctor is indicated as being a notable distance from dispensing pharmacy, the following is further researched:
 - a. Look up the history and current status of the practitioner's medical license

- b. Open-source query the doctor for news article, negative reviews, blogs and affiliated websites.
- c. Use the data warehouse to find out the doctor's prescribing habits across the GE brand
- d. Research the doctor's medical practice to see if he/she is prescribing outside of the scope of their duties
- e. Use the data warehouse and EPS to research the doctor's patients:
 - i. Are they paying cash and/or discount card?
 - ii. Are they traveling significant distances?
 - iii. Are several of the patients traveling to the same distant pharmacy at the same time?
 - iv. Are there several patients from the same residence getting a high volume of controlled substances?
 - v. Does their patients have a history of pharmacy and/or doctor shopping?
 - vi. Are patients receiving a combination of drugs known for being highly abused on the streets?
 - vii. Are the patients receiving only controlled substances?
 - viii. Are the patients getting their scripts filled early?
 - ix. Are the patients receiving scripts with a high volume of pills and/or a high strength?